



01-20-04

PTO/SB/21 (08-00)
Approved for use through 10/31/2002
U.S. DEPARTMENT OF COMMERCE
2682

Under the Paperwork Reduction act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	09/692,420
		Filing Date	October 19, 2000
		First Named Inventor	Hooman Darabi
		Group Art Unit	2682
		Examiner Name	Marceau Milord
Total Number of Pages in This Submission		Attorney Docket Number	15262US01

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO 1449/08A with references <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input checked="" type="checkbox"/> Drawing(s) (32 sheets) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Postcard
Remarks		<div>RECEIVED JAN 27 2004 Technology Center 2600</div>

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	McAndrews Held & Malloy, Ltd.		
Name (Print/type)	Michael T. Cruz	Registration No. (Attorney/Agent)	44,636
Signature	<i>Michael T. Cruz</i>		Date: January 16, 2004

EXPRESS MAIL DEPOSIT

"Express Mail" mailing label number : EV 304 941 753 US
Date of Deposit January 16, 2004.



PTO/SB/17 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**FEE TRANSMITTAL
for FY 2004**

Patent Fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$110.00)

Complete if Known

Application Number	09/692,420
Filing Date	October 19, 2000
First Named Inventor	Hooman Darabi
Examiner Name	Marceau Milord
Group Art Unit	2682
Attorney Docket No.	15262US01

RECEIVED

METHOD OF PAYMENT		FEE CALCULATION (continued)																																	
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to: Deposit Account Number: 13-0017 Deposit Account Name: McAndrews Held & Malloy <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		3. ADDITIONAL FEES																																	
2. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other		Technology Center 2600																																	
FEE CALCULATION																																			
1. BASIC FILING FEE																																			
<table><thead><tr><th>Large Entity</th><th>Small Entity</th><th>Fee Description</th><th>Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee Code</th><th></th><th></th></tr></thead><tbody><tr><td>1001 770 2001 385</td><td></td><td>Utility filing Fee</td><td></td></tr><tr><td>1002 340 2002 170</td><td></td><td>Design filing Fee</td><td></td></tr><tr><td>1003 530 2003 265</td><td></td><td>Plant filing fee</td><td></td></tr><tr><td>1004 770 2004 385</td><td></td><td>Reissue filing fee</td><td></td></tr><tr><td>1005 160 2005 80</td><td></td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="3">SUBTOTAL (1) (\$)</td><td></td></tr></tbody></table>		Large Entity	Small Entity	Fee Description	Fee Paid	Fee Code	Fee Code			1001 770 2001 385		Utility filing Fee		1002 340 2002 170		Design filing Fee		1003 530 2003 265		Plant filing fee		1004 770 2004 385		Reissue filing fee		1005 160 2005 80		Provisional filing fee		SUBTOTAL (1) (\$)					
Large Entity	Small Entity	Fee Description	Fee Paid																																
Fee Code	Fee Code																																		
1001 770 2001 385		Utility filing Fee																																	
1002 340 2002 170		Design filing Fee																																	
1003 530 2003 265		Plant filing fee																																	
1004 770 2004 385		Reissue filing fee																																	
1005 160 2005 80		Provisional filing fee																																	
SUBTOTAL (1) (\$)																																			
2. EXTRA CLAIM FEES																																			
<table><thead><tr><th>Total Claims</th><th>Extra Claims</th><th>Fee from below</th><th>Fee Paid</th></tr></thead><tbody><tr><td></td><td>- 20** =</td><td>x</td><td>=</td></tr><tr><td>Independent Claims</td><td>- 3** =</td><td>x</td><td>=</td></tr><tr><td>Multiple Dependent</td><td></td><td></td><td></td></tr></tbody></table>		Total Claims	Extra Claims	Fee from below	Fee Paid		- 20** =	x	=	Independent Claims	- 3** =	x	=	Multiple Dependent																					
Total Claims	Extra Claims	Fee from below	Fee Paid																																
	- 20** =	x	=																																
Independent Claims	- 3** =	x	=																																
Multiple Dependent																																			
<table><thead><tr><th>Large Entity</th><th>Small Entity</th><th>Fee Description</th><th>Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee Code</th><th></th><th></th></tr></thead><tbody><tr><td>1202 18 2202 9</td><td></td><td>Claims in excess of 20</td><td></td></tr><tr><td>1201 86 2201 43</td><td></td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>1203 290 2203 145</td><td></td><td>Multiple dependent claim, if not paid</td><td></td></tr><tr><td>1204 86 2204 43</td><td></td><td>**Reissue independent claims over original patent</td><td></td></tr><tr><td>1205 18 2205 9</td><td></td><td>**Reissue claims in excess of 20 and over original patent</td><td></td></tr><tr><td colspan="3">SUBTOTAL (2) (\$)</td><td></td></tr></tbody></table>		Large Entity	Small Entity	Fee Description	Fee Paid	Fee Code	Fee Code			1202 18 2202 9		Claims in excess of 20		1201 86 2201 43		Independent claims in excess of 3		1203 290 2203 145		Multiple dependent claim, if not paid		1204 86 2204 43		**Reissue independent claims over original patent		1205 18 2205 9		**Reissue claims in excess of 20 and over original patent		SUBTOTAL (2) (\$)					
Large Entity	Small Entity	Fee Description	Fee Paid																																
Fee Code	Fee Code																																		
1202 18 2202 9		Claims in excess of 20																																	
1201 86 2201 43		Independent claims in excess of 3																																	
1203 290 2203 145		Multiple dependent claim, if not paid																																	
1204 86 2204 43		**Reissue independent claims over original patent																																	
1205 18 2205 9		**Reissue claims in excess of 20 and over original patent																																	
SUBTOTAL (2) (\$)																																			
**or number previously paid, if greater; For Reissues, see above																																			
		SUBTOTAL (3) (\$110.00)																																	

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Michael T. Cruz	Registration No. (Attorney or Agent)	44,636
Telephone	312-775-8084	Date	January 16, 2004
Signature	Michael T. Cruz		

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.